



Executive Office on Early Learning (EOEL) Public Prekindergarten Program

Application Packet

School Year 2023-2024

Participating DOE Schools

Submit a separate completed application packet to each school you are interested in.

Hawai'i	Chiefess Kapi'olani Elementary • Hilo Union Elementary • Hōnaunau Elementary • Honoka'a Elementary • Kea'au Elementary • Keonepoko Elementary • Kohala Elementary • Konawaena Elementary • Mountain View Elementary • Nā'ālehu Elementary • Pāhoa Elementary NEW DOE School SY 23-24: Waimea Elementary
Kaua'i	'Ele'ele Elementary • Kekaha Elementary NEW DOE School SY 23-24: Kilauea Elementary
Lāna'i	Lāna'i High and Elementary
Maui	Kula Elementary • Pukalani Elementary NEW DOE Schools SY 23-24: Hāna High and Elementary • Wailuku Elementary
Molokai	Kaunakakai Elementary • Kilohana Elementary
O'ahu	'Aiea Elementary • Hale'iwa Elementary • Kailua Elementary • Kalihi Uka Elementary Kapālama Elementary • Keolu Elementary • Likelike Elementary • Linapuni Elementary • Nānāikapono Elementary • Nānākuli Elementary • Pālolo Elementary • Pu'uhale Elementary • Waiāhole Elementary • Waialua Elementary • Wai'anae Elementary • Waimānalo Elementary and Intermediate NEW DOE Schools SY 23-24: Blanche Pope Elementary • Fern Elementary • Honowai Elementary • Ka'ewai Elementary • Lincoln Elementary • Sunset Beach Elementary • Wahiawā Elementary



Executive Office on Early Learning (EOEL) Public Prekindergarten Program Eligibility Requirements and Application Information School Year 2023-2024

Thank you for your interest in the EOEL Public Prekindergarten Program. Please read the following information to find out about the program's eligibility requirements, application requirements, and acceptance and enrollment processes.

Is my child eligible for this program?

Children must be age three or four on or before July 31 of the current school year. For school year 2023 - 2024, children born on or between August 1, 2018 - July 31, 2020 are eligible. In addition to the age requirement, please see areas of priority for acceptance into the program on p. 3 (How do children qualify for the program?).

When can applications be submitted?

Applications can be submitted to schools beginning March 1, 2023 (June 1, 2023 for NEW DOE SCHOOLS). Please note that applications must be submitted in their entirety to be considered for eligibility. Incomplete packets will be returned and must be re-submitted in their entirety.

How many children are in each classroom?

The maximum number of students enrolled in each class is determined by the square footage of classroom space. However, each class is limited to no more than 20 students. (Class sizes may change to address health and safety needs of children and staff that arise from unexpected circumstances. Check with the school you are applying to for any updates.)

As space is limited, it is recommended that families submit the completed application and required documents as soon as possible.

Which school will I submit the application and required documents to?

Complete and submit the attached application along with the required documents to the school you would like your child to attend (see listing of schools on page 7-8).

A geographic exception is not required for the EOEL Public Prekindergarten Program. However, priority is given to children who are applying to their home schools. These are the children who live within the geographic boundaries of the school. Contact the nearest school to find out whether your family resides in the school's home school area.

What do I need to submit to the school?

A complete packet includes all documents listed on page 9 (Application Checklist). An application will not be accepted without all the required documents. Please also attach a self-addressed, stamped envelope with each packet.

How do children qualify for the program?

In addition to the age requirement, priority is provided to children whose situations include, but are not limited to, one or more of the following:

- Children who are eligible for **special education services** under the Individuals with Disabilities Act (IDEA) and whose **Least Restrictive Environment (LRE) is determined as general education**.
- Children in **foster care**.
- Children who are experiencing **homelessness** or **unstable housing**.

“Homeless” means individuals who lack a fixed, regular and adequate nighttime residence (within the meaning of section 42 USCS §11302(a)(1)) and includes:

- **Unsheltered:** Has no regular place to stay at night and lives in a campground, car, beach/park, abandoned building, street, or any other inadequate living space.
- **Shelter:** Lives in an emergency, transitional or domestic violence shelter.
- **Hotel/Motel:** Lives in a hotel or motel due to lack of other suitable housing, **excludes** temporary lodging for military persons awaiting housing.
- **Doubled up:** Lives temporarily with family or other persons due to loss of housing or as a result of economic hardship.

- Children who are **dual or multi-language learners**.
- Children who are experiencing **at-risk situations** which may impact their learning and development.
- Families with annual/monthly **Gross Family Income** at or below 300% of the Federal Poverty Guidelines OR who receive Temporary Assistance for Needy Families (**TANF**) and/or Supplemental Nutrition Assistance Program (**SNAP**).

Family Size	Maximum <u>Monthly</u> Gross Income*	Maximum <u>Yearly</u> Gross Income*
2	\$5,670	\$68,040
3	\$7,148	\$85,770
4	\$8,625	\$103,500
5	\$10,103	\$121,230
6	\$11,580	\$138,960
7	\$13,058	\$156,690
8	\$14,535	\$174,420
9	\$16,013	\$192,150
10	\$17,490	\$209,880

*300% of Federal Poverty Guidelines (FPG) for Hawai'i as of January 2023.

For packets received by June 30, 2023 (July 31, 2023 for NEW DOE Schools)

- Children applying to their home school (who live within the geographic boundaries of that school) are enrolled in the order in which completed applications and all required documents were received by the school.
- If space is still available after June 30th (July 31st for NEW DOE Schools), non-home school students are then enrolled in the order in which complete packets are received by the school.
- Schools will send letters of acceptance or denial to parents/legal guardians. Acceptance letters will instruct parents/legal guardians to enroll their child at the school office. Required school enrollment forms must be completed and submitted prior to the child's first day of attendance.

For packets received from July 3, 2023 (August 1, 2023 for NEW DOE Schools)

- Available spaces are filled solely based on the order in which complete applications and all required documents were received by the school. In other words, from July 3rd (August 1, 2023 for NEW DOE Schools), there is no priority given to children applying to home schools.
- Schools will send letters of acceptance or denial to parents/legal guardians as applicable. Acceptance letters will instruct parents/legal guardians to enroll their child at the school office. Required school enrollment forms must be completed and submitted prior to the child's first day of attendance.
- Once spaces are filled, the remaining applicants will be placed on a school-managed waitlist based on the order in which packets are received. Schools will send letters to parents/legal guardians notifying them of waitlist status.

If my child is accepted into the program, what is the school schedule?

The EOEL Public Prekindergarten Program Classroom schedule is based on the DOE's academic year schedule, aligning with the kindergarten full-day schedule. Typically, most school days start at 8:00 am and end around 2:00 pm. For more specific times, please contact the school you are applying to. For a list of contacts see page 7-8 (Listing of Schools).

What about before and after-school care?

Currently, children in the EOEL Public Prekindergarten Program do not qualify for before or after-school care that is provided for DOE students in K-5/6.

What about DOE student bus transportation?

Currently, children in the EOEL Public Prekindergarten Program do not qualify for student bus transportation that is provided for DOE students in K-5/6.

Are there other programs besides EOEL Public Pre-K Program?

EARLY HEAD START & HEAD START

Early Head Start (EHS) and Head Start (HS) are programs providing health, education, family support and family engagement services and resources to income-eligible children. Services are provided daily in classrooms (part-day or full-day) or through weekly home visits.

EHS serves pregnant women, infants and toddlers and their families. HS serves preschool children and their families.

Part-day programs (8am-2pm) are offered at no cost to families, and full-day programs are offered at affordable rates. Children with special needs, as well as children who are in the foster care system or who are experiencing homelessness are given priority in the EHS/HS programs.

For more information about Head Start including contact information, for programs, please go to the [Hawai'i Head Start Collaboration Office page](#) on the EOEL website.

YOUR 'OHANA Programs

Your 'Ohana programs are home visitation programs providing support to you and your family with health, child development, and school readiness. Learn how to guide your family's well-being and provide better opportunities for your children through regular visits with a trained professional.

Your 'Ohana programs serve pregnant women, keiki from ages 0-5, and their families.

Your 'Ohana Program serves families residing in the following ZIP code areas. [Detailed service area maps](#) are available online for O'ahu, Hawai'i Island, Maui County, and Kaua'i.

Island	Zip Code Areas (partial coverage areas indicated in italics).
Oahu	<ul style="list-style-type: none">• Downtown/Kalihi: 96817, 96819• Wahiawa: 96786, 96789, 96857• Wai'anae: 96792
Maui	<ul style="list-style-type: none">• 96732, 96753, 96779, 96793
Hawai'i Island	<ul style="list-style-type: none">• E. Hawaii: 96710, 96720, 96728, 96749, 96760, 96771, 96778, 96781, 96783, 96785• W. Hawaii: 96704, 96725, 96726, 96740, 96750
Kaua'i	<ul style="list-style-type: none">• 96705, 96741, 96756, 96765
Molokai	<ul style="list-style-type: none">• 96729, 96748, 96757, 96770
Lāna'i	<ul style="list-style-type: none">• 96763

All programs offered through Your 'Ohana are offered at no cost to families and are voluntary. For more information about Your 'Ohana, including contact and eligibility information, go to the [Your 'Ohana](#) website and click "[Enroll Today](#)."

You can also find information about other [low to no-cost early childhood development and learning programs](#) on the EOEL website.

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EOEL Public Prekindergarten Program NEW DOE Schools in School Year 2023-2024			
Island	School	Phone	Principal
Hawai'i	Waimea Elementary	808-887-7636	Tammie Picklesimer
Kaua'i	Kilauea Elementary	808-828-1212	Fig Mitchell
Maui	Hāna High and Elementary	808-248-4815	Christopher Sanita
	Wailuku Elementary	808-727-5500	Dr. Nikan Arapoff
O'ahu	Blanche Pope Elementary	808-259-0450	Aaron Okumura
	Fern Elementary	808-832-3040	Glen Miyasato
	Honowai Elementary	808-307-7100	Stacy Kawamura
	Ka'ewai Elementary	808-832-3500	Bert Carter
	Lincoln Elementary	808-587-4480	Jacqueline Ornellas
	Sunset Beach Elementary	808-307-1000	Eliza Elkington
	Wahiawā Elementary	808-622-6393	Sean Takashima

EOEL Public Prekindergarten Program DOE Schools			
Island	School	Phone	Principal
Hawai'i	Chiefess Kapi'olani Elementary	808-974-4160	Kimberly Castillo
	Hilo Union Elementary	808-933-0900	Bryan Arbles
	Hōnaunau Elementary	808-328-2727	Noreen Kunitomo
	Honoka'a Elementary	808-775-8820	Rory Souza
	Kea'au Elementary	808-313-4600	Brandon Tanabe
	Keonepoko Elementary	808-313-4500	Kasey Eisenhour
	Kohala Elementary	808-889-7100	Hannah Loyola
	Konawaena Elementary	808-323-4555	Mike McCloskey
	Mountain View Elementary	808-313-3200	Adria Medeiros
	Nā'ālehu Elementary	808-313-4000	Wilma Roddy
	Pāhoa Elementary	808-313-4400	Michelle Payne-Arakaki
Kaua'i	'Ele'ele Elementary	808-335-2111	Allison Carveiro
	Kekaha Elementary	808-337-7655	Joseph Hicks
Lāna'i	Lāna'i HS and Elementary	808-565-7900	Douglas Boyer
Maui	Kula Elementary	808-876-7610	Marianne Wheeler
	Pukalani Elementary	808-727-3900	Ty Ogasawara
Molokai	Kaunakakai Elementary	808-567-7200	Daniel Espaniola
	Kilohana Elementary	808-774-8400	Shona Pineda
O'ahu	'Aiea Elementary	808-305-4400	Ryan Ishimoto
	Hale'iwa Elementary	808-637-8237	Malaea Wetzel
	Kailua Elementary	808-266-7878	Allyson Doherty
	Kalihi Uka Elementary	808-305-6200	Derek Santos
	Kapālama Elementary	808-832-3290	Ronald Oyama
	Keolu Elementary	808-266-7818	Kau'i Tanaka
	Likelike Elementary	808-832-3370	Kelly Bart
	Linapuni Elementary	808-305-2150	Kimberly Ann Fuller
	Nānāikapono Elementary	808-305-7800	Christine Udarbe
	Nānākuli Elementary	808-307-8600	Lisa Ann Higa
	Pālolo Elementary	808-733-4700	Gary Harada
	Pu'uhale Elementary	808-832-3190	Sabrina Feliciano
	Waiāhole Elementary	808-239-3111	Alexandra Obra
	Waialua Elementary	808-307-2600	Varissa Pata
	Wai'anae Elementary	808-305-2900	Sheldon Konno
	Waimānalo Elementary & Int.	808-259-0460	Elissa Johnson

Application Checklist

for Parents/Legal Guardians (School Year 2023-2024)

_____ **Find out how to apply.**

Obtain a copy of the Application Packet from any one of the EOEL Public Prekindergarten Program schools or download an application from the [EOEL Public Pre-K Program](#) page.

_____ **Find out if you are applying to your home school or not.**

Contact the school to find out if you reside in the Home School area (within the geographic boundaries of the school). If you do, ask what documents are accepted for proof of residency. Make a copy of each document.

_____ **Make a copy of ONE (1) of the age-verifying documents listed below:**

- **Birth Certificate**, official copy issued by State Department of Health (hospital documents and abstracts are not accepted)
- OR **Passport**

_____ **Complete and attach “Questionnaire to Determine Eligibility MV1” form (see p. 11).**

_____ **Make a copy of at least ONE (1) of the following verification documents listed below for each parent/legal guardian. Please note that families applying to the EOEL Public Prekindergarten Program are required to turn in financial documentation for each parent/legal guardian listed on the application.**

- **Department of Human Services (DHS) Form 1463 (Request for Information) – Verification of Supplemental Nutrition Assistance Program (SNAP) and/or Temporary Assistance for Needy Families (TANF) benefits.**
Take this form to Department of Human Services (DHS) to be completed by their staff. You will need to complete DHS Form 1465 “Consent to Release information” giving DHS permission to release your benefit information regarding SNAP (food stamps) and/or TANF. DHS can then provide the necessary information using DHS Form 1463 “Request for Information”. Please refer to page 14 in this packet for further details.
- **Official documentation from DHS verifying eligibility of SNAP and/or TANF benefits** that you may have already received.
- **2022 Signed Federal Income Tax Return, Form 1040 (2 pages)**
Remove all social security numbers. See samples in the packet.
- **Benefit Verification Letter** from Social Security Administration (SSA) to show evidence of Supplemental Security Income (SSI) eligibility. This letter is sometimes called a “budget letter,” a “benefits letter,” a “proof of income letter,” or a “proof of award letter.” See sample in the packet.
- **Evidence of Foster Care** from Department of Human Services.

_____ **Complete the application.**

Obtain a copy of the application from any one of the EOEL Public Pre-kindergarten Program schools or download an application from the [EOEL Public Pre-K Program](#) page.

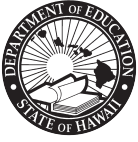
_____ **Attach a self-addressed, stamped envelope for each application.**

_____ **Submit a complete packet (which includes a completed, signed and dated application and copies of all required documents), to the school where you are applying. Wait for notification by mail regarding your child’s eligibility for the program.**

**Please make sure you submit a completed, signed and dated packet.
Incomplete packets will be returned and must be re-submitted in their entirety.**

QUESTIONS? Contact your nearest school or EOEL at 808-784-5350 or EOEL.Info@eoel.hawaii.gov.

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QUESTIONNAIRE TO DETERMINE ELIGIBILITY MV1

This form is intended to address the McKinney-Vento
Act (MVA) and must be completed for each student

Questionnaires are
filed for one (1) year
for all students and
seven (7) years for
any student
identified as living in
unstable housing.

Student's Name: _____ Date of Birth: _____

School: _____ Grade: _____

Student's current residence such as address, cross streets, landmarks, etc.

Primary Contact Name: _____ Relationship: _____ Phone: _____

Alternate Contact Name: _____ Relationship: _____ Phone: _____

CHECK
ONE BOX

STUDENT'S CURRENT LIVING ARRANGEMENT

MVA
CODE

<input type="checkbox"/>	Unsheltered <i>Campground, car, beach/park, abandoned building, street or any other inadequate living space</i>	06
<input type="checkbox"/>	Shelter <i>Emergency, transitional or domestic violence shelter, name of shelter: _____</i>	04
<input type="checkbox"/>	Hotel/Motel <i>Due to lack of other suitable housing, <u>excludes</u> temporary lodging for military persons awaiting housing</i>	02
<input type="checkbox"/>	Doubled Up <i>Temporarily with family or other person due to loss of housing or as a result of economic hardship</i>	03
<input type="checkbox"/>	Permanent Housing <i>Student who is living in a fixed, regular, and adequate housing situation</i>	07



If this box is checked, stop here
and sign below; form is complete

If the student is NOT in the physical custody of a parent or legal guardian, also check below:

<input type="checkbox"/>	Unaccompanied Youth	05
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List all siblings living in the same arrangement, including children 0-5 years of age:

Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The information you provide above will determine what services you or your child may be eligible to receive under the **McKinney-Vento Homeless Assistance Act - 42 U.S.C. §11434a(2)**. If eligible under the Act, you or your child are entitled to immediate enrollment in school and free school meals. Transportation may be provided to and from school of origin. This questionnaire allows a Homeless Concerns Liaison to contact you for additional support. By signing, you grant permission to share/release pertinent information among shelter and school personnel, to support school enrollment and full participation.

Parent/Legal Guardian/Unaccompanied Youth Signature

Print Name

Date

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Form **1040** Department of the Treasury—Internal Revenue Service **2022** U.S. Individual Income Tax Return CMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent.

Your first name and middle initial _____ Last name _____ Your social security number _____

If joint return, spouse's first name and middle initial _____ Last name _____ Spouse's social security number _____

Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no. _____

City, town, or post office. If you have a foreign address, also complete spaces below. _____ State _____ ZIP code _____

Foreign country name _____ Foreign province/state/country _____ Foreign postal code _____

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☐ No

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1958 ☐ Are blind ☐ Spouse: ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions): (1) First name _____ Last name _____ (2) Social security number _____ (3) Relationship to you _____ (4) Check the box if qualifies for (see instructions): ☐ Child tax credit ☐ Credit for other dependents

If more than four dependents, see instructions and check here ☐

Income

1a Total amount from Form(s) W-2, box 1 (see instructions) _____ 1a

b Household employee wages not reported on Form(s) W-2 _____ 1b

c Tip income not reported on line 1a (see instructions) _____ 1c

d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) _____ 1d

e Taxable dependent care benefits from Form 2441, line 26 _____ 1e

f Employer-provided adoption benefits from Form 8839, line 29 _____ 1f

g Wages from Form 8919, line 6 _____ 1g

h Other earned income (see instructions) _____ 1h

i Nontaxable combat pay election (see instructions) _____ 1i

z Add lines 1a through 1h _____ 1z

2a Tax-exempt interest _____ 2a

3a Qualified dividends _____ 3a

4a IRA distributions _____ 4a

5a Pensions and annuities _____ 5a

6a Social security benefits _____ 6a

c If you elect to use the lump-sum election method, check here (see instructions) ☐

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

8 Other income from Schedule 1, line 10 _____ 8

9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** _____ 9

10 Adjustments to income from Schedule 1, line 26 _____ 10

11 Subtract line 10 from line 9. This is your **adjusted gross income** _____ 11

12 **Standard deduction or itemized deductions** (from Schedule A) _____ 12

13 Qualified business income deduction from Form 8995 or Form 8995-A _____ 13

14 Add lines 12 and 13 _____ 14

15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income** _____ 15

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form **1040** (2022)

REMEMBER TO...

- Remove ALL social security numbers from view.
- Submit ALL pages of the signed 2022 Federal Income Tax Return, Form 1040 (2 pages – as shown here)
- Only the 2022 Signed Federal Income Tax Return, Form 1040 (2 pages) will be accepted.

Sign and date the copy submitted to the school

If filing jointly, both parent(s)/legal guardian(s) must sign here.

Form 1040 (2022) Page **2**

Tax and Credits

16 Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____ 16

17 Amount from Schedule 2, line 3 _____ 17

18 Add lines 16 and 17 _____ 18

19 Child tax credit or credit for other dependents from Schedule 8812 _____ 19

20 Amount from Schedule 3, line 8 _____ 20

21 Add lines 19 and 20 _____ 21

22 Subtract line 21 from line 18. If zero or less, enter -0- _____ 22

23 Other taxes, including self-employment tax, from Schedule 2, line 21 _____ 23

24 Add lines 22 and 23. This is your **total tax** _____ 24

Payments

25 Federal income tax withheld from:

a Form(s) W-2 _____ 25a

b Form(s) 1099 _____ 25b

c Other forms (see instructions) _____ 25c

d Add lines 25a through 25c _____ 25d

26 2022 estimated tax payments and amount applied from 2021 return _____ 26

27 Earned income credit (EIC) _____ 27

28 Additional child tax credit from Schedule 8812 _____ 28

29 American opportunity credit from Form 8863, line 8 _____ 29

30 Reserved for future use _____ 30

31 Amount from Schedule 3, line 15 _____ 31

32 Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits** _____ 32

33 Add lines 25d, 26, and 32. These are your **total payments** _____ 33

Refund

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid _____ 34

35a Amount of line 34 you want **refunded to you**. If Form 8878 is attached, check here ☐ _____ 35a

Direct deposit? See instructions. b Routing number _____ c Type: ☐ Checking ☐ Savings

d Account number _____

36 Amount of line 34 you want **applied to your 2023 estimated tax** _____ 36

Amount You Owe

37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions. _____ 37

38 Estimated tax penalty (see instructions) _____ 38

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes, Complete below. ☐ No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____ Your occupation _____

Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation _____

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____

Preparer's name _____ Preparer's signature _____ Date _____ PTIN _____ Check if: ☐ Self-employed

Firm's name _____ Firm's address _____ Phone no. _____ Firm's EIN _____

Go to www.irs.gov/Form1040 for instructions and the latest information. Form **1040** (2022)

Verification of Temporary Assistance for Needy Families (TANF) & Supplemental Nutrition Assistance Program (SNAP) Benefits

Financial documentation in the form of SNAP and/or TANF benefits needs to include the following:

- Verification of SNAP/TANF benefits is required for **each parent/legal guardian listed on the application who receives such benefits.**

Example: Parent A and Parent B are both listed on the EOEL Public Prekindergarten Application. Both of them are receiving SNAP benefits. Therefore, we would need DHS SNAP documentation for both Parents A & B.

- Verification should reflect current benefit information (current month benefits and benefits expected for future months).
- Names of ALL Household members (adults and children) receiving benefits.

Financial documentation may be provided through the following means:

- Official documentation from DHS verifying eligibility of SNAP and/or TANF benefits that you may have already received
- “DHS 1463: Request for Information” form filled out by caseworker
- Printouts from the DHS PAIS system - <https://pais-benefits.dhs.hawaii.gov/>
- Additional documentation may be requested during the review process.

If using the “DHS 1463: Request for Information” form, see steps below:

1. Fill out “**DHS 1465: Consent to Release Information**”. List information needed on form.
2. Visit your DHS processing center bringing the filled-out **DHS 1465** form and the blank “**DHS 1463: Request for Information**” form for caseworker to fill out
3. Submit filled out “**DHS 1463: Request for Information**” form and additional documentation (if applicable) to the School Office.

CONSENT TO RELEASE INFORMATION

I _____, hereby give my

(1) (Circle One: Applicant / Recipient / Legal Guardian)

permission to the Department of Human Services, Benefit, Employment and Support Services Division (BESSD) to release information from their records pertaining to me or my family to:

(2) (Name of Person / Organization)

(3) The information to be reviewed / released is limited to the following: _____

(4) This information is to be used for: _____

(State Purpose)

(5) This consent is good until _____ (not to exceed one year from date signed
(month) (day) (year) unless I cancel it in writing to DHS-BESSD)

I understand why the information is being requested, how it will be used, and that this consent is time limited for my protection.

(6) (Signature of Applicant / Recipient / Legal Guardian)

(7) (Date)

(8) (Address of Applicant / Recipient)

(9) (Social Security No. or Birthdate
of Applicant/Recipient)

I hereby agree that the information released will be used only for the purposes stated above and will not be released to any other individual, agency, or organization (HRS 346-10).

(10) (Signature of person receiving / reviewing information)

(Date)

Return Completed Form To:

(11) (Stamp Unit name and address)

(12) Worker's Name

Telephone No.

Complete two (2) copies:

Original – Case Record

Copy – Client

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REQUEST FOR INFORMATION

RE:

(Date)

Per your request, we are providing to you the information below.

This is to certify that _____ is currently receiving the

Following benefits (check boxes and fill in benefit amount): ☐ Financial Assistance \$ _____

☐ Food Stamps \$ _____ ☐ Child Care Assistance \$ _____

☐ Other: _____ \$ _____ from the Department of Human Services.

(Signature of Person Certifying the Above)

(Position of Person Certifying the Above)

(Unit Address)

(Phone Number)

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